

Ted Strickland
Governor



Helen E. Jones-Kelley
Director

P.O. Box 182404 Columbus, Ohio 43218-2404
jfs.ohio.gov

March 28, 2007

Bankruptcy Clerk
United States Bankruptcy Court
Southern District Of New York
One Bowling Green, 6th Floor
New York, NY 10004-1408

RE: CASE #05-44639
ODJFS #1405050-00-6
DELPHI AUTOMOTIVE SYSTEMS
HUMAN RESOURCES, LLC

Dear Clerk:

On February 1, 2007, this Bureau forwarded you an Amended Administrative Proof of Claim for \$537.80 to have been filed in the above referenced case.

We wish to advise at this time that this claim was filed on Case #05-44639 in error, and it is therefore requested that this claim of the Ohio Department of Job and Family Services (formerly the Bureau of Employment Services) be withdrawn from the proceedings.

Sincerely,

Janet Wise, Supervisor
Litigation Unit

A handwritten signature in cursive script that reads "Marlene Delp".

By: Marlene Delp, Examiner
(614) 466-2319 x22005

enclosures

JDW/mmd

United States Bankruptcy Court SOUTHERN DISTRICT OF NEW YORK		Amended Administrative Proof of Claim		
<i>In re: (Name of Debtor)</i> DELPHI AUTOMOTIVE SYSTEMS HUMAN RESOURCES, LLC.		Case Number 05-44639		
Name of Creditor (The person or entity to whom the debtor owes the money) Ohio Department of Job and Family Services Name and address where notices should be sent		<input type="checkbox"/> Check box if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court		
The Ohio Department of Job and Family Services PO Box 182404 Columbus, OH 43218-2404 Telephone (614) 466-2781				
Account or other number identifying debtor 1405050-00-6		<input type="checkbox"/> Replaces Check here if this claim: <input type="checkbox"/> Amends a previously filed claim dated:		
1. BASIS FOR CLAIM Goods Sold Services performed Money loaned Personal Injury/wrongful death <input checked="" type="checkbox"/> Taxes Other (Describe briefly)				
Retiree Benefits as defined in 11 U.S.C. 1114(a) Wages, Salaries and compensation (Fill out below) your Social Security Number _____ Unpaid compensation for services performed from _____ to _____				
2. Date Debt was incurred <i>See Attached</i>		3. If Court Judgment, Date Obtained		
4. Classification of claim. Under the Bankruptcy Code, all claims are classified as one or more of the following: (1) Unsecured non-priority (2) Unsecured priority, (3) Secured; It is possible for part of a claim to be in one category and part in another. check the appropriate box or boxes that best describes your claim and state the amount of your claim				
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly)		<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <u>at least \$537.80</u> Specify the priority of the claim <input type="checkbox"/> Wages, salaries or commissions (up to 20,000.00) earned more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$900.00 of deposits toward purchase, lease, or rental of property or services for personal, family or household use -- 11 U.S.C. 507(a)(6) <input checked="" type="checkbox"/> Taxes or penalties of government units -- 11 U.S.C. 507(a)(8) <input type="checkbox"/> Other -- 11 U.S.C. 507(a)(5) -- (Describe briefly)		
5. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED <u>at least \$0.00</u> (NON-PRIORITY)		\$ _____ (SECURED)	at least \$537.80 (PRIORITY)	\$ 537.80 (GRAND TOTAL)
<input type="checkbox"/> Check this box if claim includes pre-petition charges in addition to the principal amount of the claim. Attach itemized statement of additional charges				THIS SPACE FOR COURT USE ONLY
6 CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts claimant owes to the debtor.				
7 SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments or evidence of security interest. If the documents are not available, explain. If documents are voluminous, attach summary.				
8. TIME STAMPED COPY: To receive an acknowledgement of the filing of your claim. Enclose a stamped self-addressed envelope and copy of your proof of claim.				
Date: February 1, 2007		Sign and print the name and title, if any, of the creditor or other person Authorized to file this claim (attach power of attorney, if any) <u>/S/ JANET D. WISE</u> Janet D. Wise, Supervisor		

Amended
Administrative POC

BAR DATE

INTEREST DETAIL --- LITIGATION SECTION

TYPE
CHPT 11

CASE #
05-44639

ACCOUNT
1405050-00-6

NAME DELPHI AUTOMOTIVE SYSTEMS HUMAN
RESOURCES, LLC
DEBTOR-IN-POSSESSION
5725 DELPHI DR
TROY MI 48098-2815

SOUTHERN DISTRICT OF NEW YORK

FILE DATE
10/8/2005

QTR/YR	DEBIT DATE	CONTRIBUTIONS DUE	FORFEITURE	FORFEITURE INTEREST	CONTRIBUTION INTEREST	TOTAL
4/05	02/10/2006	\$ 462.52	\$ -	\$ -	\$ 75.28	\$ 537.80
4/06*	report has	not been received in this office to determine actual amount due			UNKNOWN	
		\$ 462.52	\$ -	\$ -	\$ 75.28	\$ 537.80

*DUE TO THE EMPLOYER NOT FILING THE QUARTERLY UNEMPLOYMENT COMPENSATION
REPORTS ABOVE, THE AMOUNT DUE CANNOT BE CALCULATED AT THIS TIME

PRIORITY at least \$537.80
NON-PRIORITY at least \$0.00

Prepared by MMD
01/30/07

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
P.O. BOX 182404
COLUMBUS OH 43218-2404
OFS 13148 (Rev. 12/2002)
OFFICIAL BUSINESS
Penalty for Private Use, \$300

1000441415 2005